



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1789 W. Jefferson - P.O. Box 6123 - Site Code 791A - Phoenix, Arizona 85005

Janet Napolitano
Governor

Division of Developmental Disabilities
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David A. Berns
Director

MONTHLY INVOICE COVER SHEET

FROM: _____ CONTRACT NO: _____

CONTACT PERSON: _____

PROVIDER ID: _____ PHONE NUMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MONTH ENDING _____ TOTAL AMOUNT BILLED \$ _____

I certify that the information contained in the attached invoice is correct and is prepared in accordance with the terms of this contract.

PROVIDER SIGNATURE

DATE

Claims should be submitted to the person specified in Part C, Accounts Payable Contacts

Monthly Invoice Cover Sheet – to be attached to both paper and electronic bills.